

SERFF Tracking Number: ARKS-125533491 State: Arkansas
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #195600 \$50
Company Tracking Number: AR-CF-041408-BHHC-F1
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Companies: 10855 - CYPRESS INSURANCE COMPANY, 20044 - CORNHUSKER CASUALTY COMPANY

Product Name: n/a SERFF Tr Num: ARKS-125533491 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: #195600 \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: AR-CF-041408-BHHC-F1 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Disposition Date: 03/17/2008
Date Submitted: 03/10/2008 Disposition Status: Approved
Effective Date Requested (New): 04/14/2008 Effective Date (New): 04/14/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/17/2008
State Status Changed: 03/17/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

Filing Contact Information

NA NA, NA@NA.com
NA (123) 555-4567 [Phone]

SERFF Tracking Number: ARKS-125533491 State: Arkansas
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #195600 \$50
Company Tracking Number: AR-CF-041408-BHHC-FI
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: n/a
Project Name/Number: /

NA, AR 00000

Filing Company Information

10855 - CYPRESS INSURANCE COMPANY	CoCode: 10855	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

20044 - CORNHUSKER CASUALTY COMPANY	CoCode: 20044	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

<i>SERFF Tracking Number:</i>	<i>ARKS-125533491</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>10855 - CYPRESS INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>#195600 \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CF-041408-BHHC-F1</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number: *ARKS-125533491* *State:* *Arkansas*
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TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *n/a*
Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/17/2008	03/17/2008

<i>SERFF Tracking Number:</i>	<i>ARKS-125533491</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>10855 - CYPRESS INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>#195600 \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CF-041408-BHHC-F1</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 03/17/2008
 Effective Date (New): 04/14/2008
 Effective Date (Renewal):
 Status: Approved
 Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: *ARKS-125533491* *State:* *Arkansas*
First Filing Company: *10855 - CYPRESS INSURANCE COMPANY, ...* *State Tracking Number:* *#195600 \$50*
Company Tracking Number: *AR-CF-041408-BHHC-F1*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *n/a*
Project Name/Number: */*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125533491		No

<i>SERFF Tracking Number:</i>	<i>ARKS-125533491</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>10855 - CYPRESS INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>#195600 \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CF-041408-BHHC-F1</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *ARKS-125533491* *State:* *Arkansas*
First Filing Company: *10855 - CYPRESS INSURANCE COMPANY, ...* *State Tracking Number:* *#195600 \$50*
Company Tracking Number: *AR-CF-041408-BHHC-F1*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *n/a*
Project Name/Number: */*

Supporting Document Schedules

Satisfied -Name: ARKS-125533491 **Review Status:** 03/17/2008
Comments:
Attachment:
ARKS-125533491.pdf



ARKS-125533491

CR

Berkshire Hathaway Homestate Companies

Redwood Fire and Casualty Insurance Company
Cornhusker Casualty Company
Brookwood Insurance Company

Continental Divide Insurance Company
Oak River Insurance Company
Cypress Insurance Company

March 7, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Subject: Cornhusker Casualty Company and Cypress Insurance Company
Form Filing
Commercial Property Endorsements
NAIC #s: 031-20044, 031-10855
Company Filing #: AR-CF-041408-BHHC-F1
Effective Date: April 14, 2008

Dear Commissioner Bowman:

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file three optional endorsements for Commercial Property coverages in Arkansas. We hereby propose the following effective date rule:

"The endorsements apply to policies effective on or after April 14, 2008."

If we do not receive approval by April 14, 2008, an amended effective date will be selected upon approval.

The Companies have been granted authority to transact insurance in Arkansas. As an ISO subscriber, we have given ISO authority to file on our behalf. The endorsements in this filing are in regards to Commercial Property coverage and are intended to supplement any forms and endorsements already in place. If you have any questions, please call me at (800) 488-2930. We have attached an extra copy of this filing, together with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

Sincerely,

Diane M. Pokorny
Regulatory Analyst
dpokorny@bh-hc.com

Approved until withdrawn
or revoked

MAR 17 2008

Arkansas Insurance Department

By:

RECEIVED
MAR 10 2008
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use OnlyApproved until withdrawn
or revoked

MAR 17 2008

Arkansas Insurance Department

By: *LK***2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name

Berkshire Hathaway Homestate Companies

Group NAIC #

0031

4. Company Name(s)**Domicile****NAIC #****FEIN #****State #**

Cornhusker Casualty Company

NE

20044

47-0529945

Cypress Insurance Company

CA

10855

95-6042929

RECEIVED

MAR 10 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT**5. Company Tracking Number**

AR-CF-041408-BHHC-F1

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]**6. Name and address****Title****Telephone #s****FAX #****e-mail**Diane Pokorny
9290 W. Dodge Road
Ste. 300
Omaha, NE 68114Regulatory
Analyst

800-488-2930

402-393-7619

dpokorny@bh-hc.com

7. Signature of authorized filer**8. Please print name of authorized filer**

Diane M. Pokorny

Filing information (see General Instructions for descriptions of these fields)**9. Type of Insurance (TOI)**

01.0

10. Sub-Type of Insurance (Sub-TOI)

01.0001

11. State Specific Product code(s) (if applicable) [See State Specific Requirements]**12. Company Program Title (Marketing title)**

Commercial Property

13. Filing Type CF☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules☒ Forms ☐ Combination Rates/Rules/Forms☐ Withdrawal ☐ Other (give description)**14. Effective Date(s) Requested**

New: 04/14/08

Renewal:

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	03/07/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-CF-041408-BHHC-F1
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Multiple Deductible Form with "Per Bldg" and "Per Occ" Deductibles Aggregate Condition (CPM 2020 02 08) replaces (CPM 2020 08 06)

The above form is optional and modifies insurance provided under the Building and Personal Property Coverage Form and Builders' Risk Coverage Form.

Multiple Deductible Form with "Per Bldg" and "Per Occ" Deductibles No Aggregate (CPM 2021 02 08) replaces (CPM 2021 08 06)

The above form is optional and modifies insurance provided under the Building and Personal Property Coverage Form and Builders' Risk Coverage Form.

Protective Safeguards (CPM 2033 02 08)

The above form modifies insurance provided under the Commercial Property Coverage Part. It's an optional form and provides coverage for protective safeguards.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 0000195600 Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Effective March 1, 2007

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AR-CF-041408-BHHC-F1		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Multiple Deductible Form with "Per Bldg" and "Per Occ" Deductibles Agg Condition	CPM 2020 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CPM 2020 0806	
02	Multiple Deductible Form with "Per Bldg" and "Per Occ" Deductibles No Agg	CPM 2021 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CPM 2021 0806	
03	Protective Safeguards	CPM 2033 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

EXPLANATORY MEMORANDUM

(AR-CF-041408-BHHC-F1)

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file three optional endorsements for Commercial Property coverages in Arkansas. This filing represents an independent program of the companies.

Effective Date

We hereby propose the following effective date rule:

“The endorsements apply to policies effective on or after April 14, 2008.”

If we do not receive approval by April 14, 2008, an amended effective date will be selected upon approval.

Multiple Deductible Form with “Per Bldg” and “Per Occ” Deductibles Aggregate Condition (CPM 2020 02 08) replaces (CPM 2020 08 06)

The above form is optional and modifies insurance provided under the Building and Personal Property Coverage Form and Builders’ Risk Coverage Form.

Multiple Deductible Form with “Per Bldg” and “Per Occ” Deductibles No Aggregate (CPM 2021 02 08) replaces (CPM 2021 08 06)

The above form is optional and modifies insurance provided under the Building and Personal Property Coverage Form and Builders’ Risk Coverage Form.

Protective Safeguards (CPM 2033 02 08)

The above form modifies insurance provided under the Commercial Property Coverage Part. It’s an optional form and provides coverage for protective safeguards.

As an ISO subscriber, we have given ISO authority to file forms on our behalf. Since this filing is intended to supplement any ISO or company program already in place, we will use the endorsements in this filing together with the approved ISO forms.

Person to Contact

If there are questions about this filing or any of its attachments, please call Diane Pokorny at (800) 488-2930. A duplicate copy of this filing is enclosed, along with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MULTIPLE DEDUCTIBLE FORM
WITH "PER BUILDING" AND "PER OCCURRENCE" DEDUCTIBLES
AGGREGATE CONDITION
(FIXED DOLLAR DEDUCTIBLES)

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
BUILDERS' RISK COVERAGE FORM

SCHEDULE *

We will not pay for loss or damage to any Covered Property unless the amount of the loss or damage exceeds your Deductible.

If, at the time of the loss or damage, this Policy insures four (4) or fewer buildings, your Deductible will be calculated on a 'per occurrence' basis. The amount of the 'per occurrence' Deductible shall be determined based on the Covered Cause of Loss, as set forth below.

If, at the time of the loss or damage, this Policy insures more than four (4) buildings, then your Deductible will be calculated based on a 'per building' basis. The amount of the 'per building' Deductible shall be determined based on the Covered Cause of Loss, as set forth below.

**Covered Causes
Of Loss****

Deductible

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

** For each Deductible listed in this Schedule, enter the number corresponding to the Covered Cause(s) of Loss to which that Deductible applies (or enter the description):

- (1) All Covered Causes of Loss
- (2) All Covered Causes of Loss **except** Windstorm or Hail
- (3) All Covered Causes of Loss **except** Theft
- (4) All Covered Causes of Loss **except** Windstorm or Hail and Theft
- (5) Windstorm or Hail
- (6) Theft

The following is added to the DEDUCTIBLE section of your policy:

- A. If your Policy insures against loss or damage caused by or resulting from an earthquake, this endorsement does not apply to or modify any Earthquake Deductible provided for in your Policy.

B. When your Deductible is calculated on a 'per building' basis, said Deductible shall be paid:

- (1) for each building which sustains damage or loss, and
- (2) for each occurrence

regardless of the number of occurrences or the number of buildings insured under this Policy. However, in no event shall your Deductible amount for any one occurrence be greater than ten (10) times the "per building" Deductible.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MULTIPLE DEDUCTIBLE FORM

WITH "PER BUILDING" AND "PER OCCURRENCE" DEDUCTIBLES

NO AGGREGATE

(FIXED DOLLAR DEDUCTIBLES)

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
BUILDERS' RISK COVERAGE FORM

SCHEDULE *

We will not pay for loss or damage to any Covered Property unless the amount of the loss or damage exceeds your Deductible.

If, at the time of the loss or damage, this Policy insures four (4) or fewer buildings, your Deductible will be calculated on a 'per occurrence' basis. The amount of the 'per occurrence' Deductible shall be determined based on the Covered Cause of Loss, as set forth below.

If, at the time of the loss or damage, this Policy insures more than four (4) buildings, then your Deductible will be calculated based on a 'per building' basis. The amount of the 'per building' Deductible shall be determined based on the Covered Cause of Loss, as set forth below.

**Covered Causes
Of Loss****

Deductible

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

** For each Deductible listed in this Schedule, enter the number corresponding to the Covered Cause(s) of Loss to which that Deductible applies (or enter the description):

- (1) All Covered Causes of Loss
- (2) All Covered Causes of Loss **except** Windstorm or Hail
- (3) All Covered Causes of Loss **except** Theft
- (4) All Covered Causes of Loss **except** Windstorm or Hail and Theft
- (5) Windstorm or Hail
- (6) Theft

The following is added to the DEDUCTIBLE section of your policy:

A. If your Policy insures against loss or damage caused by or resulting from an earthquake, this endorsement does not apply to or modify any Earthquake Deductible provided for in your Policy.

B. When your Deductible is calculated on a 'per building' basis, said Deductible shall be paid:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART

SCHEDULE*

Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable
Describe any "P-10"		
* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.		

A. The following is added to the:

Commercial Property Conditions

PROTECTIVE SAFEGUARDS

1. As a condition of this insurance, you are required to have all applicable public utilities or services activated and operational at the premises, including but not limited to electricity, gas, water and telephone or fiber optic lines. Your failure to comply with this condition may result in a loss of coverage, as set forth in **Section B. – Exclusions** below.
2. As a further condition of this insurance, you are required to maintain in good and proper working order the protective devices or services listed in the Schedule above. Your failure to comply with this condition may result in a loss of coverage, as set forth in **Section B. – Exclusions** below.
3. The protective safeguards to which this endorsement applies are identified by the following symbols:

"P-1" Automatic Sprinkler System,
including related supervisory
services.

Automatic Sprinkler System means:

a. Any automatic fire protective or extinguishing system, including connected:

- (1) Sprinklers and discharge nozzles;
- (2) Ducts, pipes, valves and fittings;
- (3) Tanks, their component parts and supports; and
- (4) Pumps and private fire protection mains.

b. When supplied from an automatic fire protective system:

- (1) Non-automatic fire protective systems; and
- (2) Hydrants, standpipes and outlets.

"P-2" Automatic Sprinkler System,
protecting the entire building, that is
connected to a central station.

If part of an Automatic Sprinkler System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, the notification required under Section 3. shall not be necessary if you can restore full protection within 48 hours.

"P-3" Automatic Fire Alarm, protecting
the entire building, that is:

- a. Connected to a central station; or

- b. Reporting to a public or private fire alarm station.

"P4" Service Contract with a privately owned fire department providing fire protection service to the described premises.

"P-5" Automatic Burglary Alarm, protecting the entire building, that signals to:

- a. An outside central station; or
- b. A police station.

"P-6" Automatic Burglary Alarm, protecting the entire building, that has a loud sounding gong or siren on the outside of the building.

"P7" Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

"P-8" An UL-listed Automatic Fire Suppression System installed for the protection of cooking and ventilating equipment, including plenums, exhaust ducts and hood over cooking appliances. The suppression system must be serviced by an independent contractor on a *semi-annual* basis. The vent must be cleaned by an independent contractor on a semi-annual basis.

"P-9" An UL-listed Automatic Fire Suppression System installed for the protection of cooking and ventilating equipment, including plenums, exhaust ducts and hood over cooking appliances. The suppression system must be cleaned by an independent contractor on a quarterly basis.

"P-10" The protective system described in the Schedule.

B. EXCLUSIONS. The following is added to the EXCLUSIONS section of:

CAUSES OF LOSS – BASIC FORM
CAUSES OF LOSS – BROAD FORM
CAUSES OF LOSS – SPECIAL FORM
MORTGAGE HOLDERS ERRORS AND
OMISSIONS COVERAGE FORM
STANDARD PROPERTY POLICY

1. We will not pay for loss or damage caused by or resulting from fire, water, or theft if, prior to the loss, you:

- a. Failed to maintain any protective safeguard listed in the Schedule, and over which you had control, in complete working order; or
- b. Failed to maintain all public utilities or services necessary to maintain the protective safeguard or to keep it operational at all times.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MULTIPLE DEDUCTIBLE FORM

WITH "PER BUILDING" AND "PER OCCURRENCE" DEDUCTIBLES

AGGREGATE CONDITION

(FIXED DOLLAR DEDUCTIBLES)

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
BUILDERS' RISK COVERAGE FORM

SCHEDULE *

We will not pay for loss or damage to any Covered Property unless the amount of the loss or damage exceeds your Deductible.

If, at the time of the loss or damage, this Policy insures four (4) or fewer buildings, your Deductible will be calculated on a "per occurrence" basis. The amount of the "per occurrence" Deductible shall be determined based on the Covered Cause of Loss, as set forth below.

If, at the time of the loss or damage, this Policy insures more than four (4) buildings, then your Deductible will be calculated based on a "per building" basis. The amount of the "per building" Deductible shall be determined based on the Covered Cause of Loss, as set forth below.

**Covered Causes
Of Loss****

Deductible

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

** For each Deductible listed in this Schedule, enter the number corresponding to the Covered Cause(s) of Loss to which that Deductible applies (or enter the description):

- (1) All Covered Causes of Loss
- (2) All Covered Causes of Loss except Windstorm or Hail
- (3) All Covered Causes of Loss except Theft
- (4) All Covered Causes of Loss except Windstorm or Hail and Theft
- (5) Windstorm or Hail
- (6) Theft

The following is added to the DEDUCTIBLE section of your policy:

A. If your Policy insures against loss or damage caused by or resulting from an earthquake, this endorsement does not apply to or modify any Earthquake Deductible provided for in your Policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MULTIPLE DEDUCTIBLE FORM

WITH "PER BUILDING" AND AGGREGATE CONDITION

(FIXED DOLLAR DEDUCTIBLES)

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
BUILDERS' RISK COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
STANDARD PROPERTY POLICY

SCHEDULE *

The Deductibles applicable to any one occurrence are shown below. These Deductibles applicable to any one occurrence shown below apply on a "per building" basis when there are five or more buildings scheduled on the policy, subject to an aggregate equal to ten (10) times the applicable "per building" deductible.

**Covered Causes
Of Loss****

Deductible

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

** For each deductible listed in this Schedule, enter the number corresponding to the Covered Cause(s) of Loss to which that deductible applies (or enter the description):

- (1) All Covered Causes of Loss
- (2) All Covered Causes of Loss except Windstorm or Hail
- (3) All Covered Causes of Loss except Theft
- (4) All Covered Causes of Loss except Windstorm or Hail and Theft
- (5) Windstorm or Hail
- (6) Theft

The following is added to the DEDUCTIBLE section:

A. In the event that loss or damage occurs to Covered Property at more than one building location as a result of one occurrence, the largest applicable deductible for that Covered Cause of Loss, shown in the Schedule above or in the Declarations, will apply.

B. The terms of this endorsement do not apply to any Earthquake Deductible or to any Windstorm or Hail Percentage Deductible provided elsewhere in this policy.

B. When your Deductible is calculated on a 'per building' basis, said Deductible shall be paid:

- (1) for each building which sustains damage or loss, and
- (2) for each occurrence

regardless of the number of occurrences or the number of buildings insured under this Policy. However, in no event shall your Deductible amount for any one occurrence be greater than ten (10) times the "per building" Deductible.

C. We will not pay for loss or damage until the amount of "loss or damage per building" exceeds the "per building deductible" specified herein. We will then pay the amount of "loss or damage per building" in excess of the "per building deductible", up to the applicable limit of insurance, after any reduction required by the coinsurance condition or the agreed value optional coverage. The "per building deductible" shall apply separately to each occurrence and each building scheduled in the declarations, regardless of the number of occurrences or buildings.

D. The sum of all "per building deductibles" shall not exceed the "per occurrence aggregate deductible" with respect to any one occurrence.

For purposes of this endorsement, the following definition shall apply:

"Loss or damage per building" means all loss or damage sustained by or with respect to any single building scheduled in the declarations for which coverage exists under this policy, whether such loss or damage pertains to the structure, its contents, business income loss arising out of or resulting from such structure, or otherwise.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MULTIPLE DEDUCTIBLE FORM

WITH "PER BUILDING" AND "PER OCCURRENCE" DEDUCTIBLES

NO AGGREGATE

(FIXED DOLLAR DEDUCTIBLES)

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
BUILDERS' RISK COVERAGE FORM

SCHEDULE *

We will not pay for loss or damage to any Covered Property unless the amount of the loss or damage exceeds your Deductible.

If, at the time of the loss or damage, this Policy insures four (4) or fewer buildings, your Deductible will be calculated on a 'per occurrence' basis. The amount of the 'per occurrence' Deductible shall be determined based on the Covered Cause of Loss, as set forth below.

If, at the time of the loss or damage, this Policy insures more than four (4) buildings, then your Deductible will be calculated based on a 'per building' basis. The amount of the 'per building' Deductible shall be determined based on the Covered Cause of Loss, as set forth below.

Covered Causes
Of Loss**

Deductible

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

** For each Deductible listed in this Schedule, enter the number corresponding to the Covered Cause(s) of Loss to which that Deductible applies (or enter the description):

- (1) All Covered Causes of Loss
- (2) All Covered Causes of Loss except Windstorm or Hail
- (3) All Covered Causes of Loss except Theft
- (4) All Covered Causes of Loss except Windstorm or Hail and Theft
- (5) Windstorm or Hail
- (6) Theft

The following is added to the DEDUCTIBLE section of your policy:

A. If your Policy insures against loss or damage caused by or resulting from an earthquake, this endorsement does not apply to or modify any Earthquake Deductible provided for in your Policy.

B. When your Deductible is calculated on a 'per building' basis, said Deductible shall be paid:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MULTIPLE DEDUCTIBLE FORM

WITH "PER BUILDING" CONDITION

NO AGGREGATE

(FIXED DOLLAR DEDUCTIBLES)

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
BUILDERS' RISK COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
STANDARD PROPERTY POLICY

SCHEDULE *

The Deductibles applicable to any one occurrence are shown below. These Deductibles applicable to any one occurrence shown below apply on a "per building" basis when there are five or more buildings scheduled on the policy:

Covered Causes
Of Loss **

Deductible

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

** For each deductible listed in this Schedule, enter the number corresponding to the Covered Cause(s) of Loss to which that deductible applies (or enter the description):

- (1) All Covered Causes of Loss
- (2) All Covered Causes of Loss except Windstorm or Hail
- (3) All Covered Causes of Loss except Theft
- (4) All Covered Causes of Loss except Windstorm or Hail and Theft
- (5) Windstorm or Hail
- (6) Theft

The following is added to the DEDUCTIBLE section:

A. In the event that loss or damage occurs to Covered Property at more than one building location as a result of one occurrence, the largest applicable deductible for that Covered Cause of Loss, shown in the Schedule above or in the Declarations, will apply.

B. The terms of this endorsement do not apply to any Earthquake Deductible or to any Windstorm or Hail Percentage Deductible provided elsewhere in this policy.

(1) for each building which sustains damage or loss, and

(2) for each occurrence

regardless of the number of occurrences or the number of buildings insured under this Policy.

C. We will not pay for loss or damage until the amount of "loss or damage per building" exceeds the "per building deductible" specified herein. We will then pay the amount of "loss or damage per building" in excess of the "per building deductible", up to the applicable limit of insurance, after any reduction required by the coinsurance condition or the agreed value optional coverage. The "per building deductible" shall apply separately to each occurrence and each building scheduled in the declarations, regardless of the number of occurrences or buildings.

For purposes of this endorsement, the following definition shall apply:

"Loss or damage per building" means all loss or damage sustained by or with respect to any single building scheduled in the declarations for which coverage exists under this policy, whether such loss or damage pertains to the structure, its contents, business income loss arising out of or resulting from such structure, or otherwise.